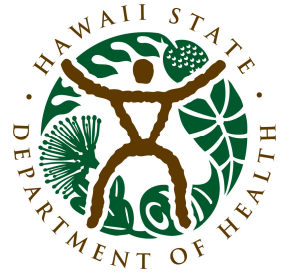


PRESCHOOL DEVELOPMENTAL SCREENING PROGRAM

Hawaii State Department of Health
1700 Lanakila Avenue, Room 210
Honolulu, Hawaii 96817
Phone (808) 832-5675 Fax (808) 832-5680



PDSP FAX REFERRAL FORM*

Request for Screening Services (Development & Behavior)

***Parent Signature Required Below**

REFERRAL SOURCE _____ Date: ____/____/____

Office/Agency _____ Phone _____

Office/Agency address _____

Contact Person _____ Phone _____

CHILD'S NAME _____ Date of Birth: ____/____/____

Gender: ☐ M ☐ F Age: ____ Years ____ Months

Address _____

_____ Zip code _____ Phone (home) _____

Mother's Name _____ Phone (work) _____ Phone (cell) _____

Father's Name _____ Phone (work) _____ Phone (cell) _____

Reason For Referral _____

SCREENINGS DONE:

☐ ESP ☐ PEDS ☐ ASQ ☐ ASQ-SE ☐ DENVER ☐ CBCL ☐ DIAL-3 ☐ Other

Significant Findings: _____

PARENT TO COMPLETE

Preschool Developmental Screening Program (PDSP) and the Referral Source (above)
may share information with each other to complete the screening.

____ Yes ____ No

My child may receive developmental/behavioral screening

____ Yes ____ No

Screening results may be shared with the Referral Source (above)

____ Yes ____ No

Parent/Legal Guardian Signature _____ Date _____

PLEASE FAX TO: (808) 832-5680

Call PDSP if you have any questions. HONOLULU: (808) 832-5675 For Neighbor Islands, use the government toll-free access numbers below and follow its directions to call Honolulu, or call PDSP Collect.

KAUAI: 274-3141 HAWAII: 974-4000 MAUI: 984-2400 MOLOKAI/LANAI: 1-800-468-4644